

WASHINGTON WING SENIOR ACTIVITY APPLICATION

NAME: Last Name, First Name, Middle Initial (print clearly)			
MAILING ADDRESS: (Number and Street)			
CITY	STATE	ZIP CODE	HOME PHONE
WORK PHONE	PAGER	FAX	
CAPID	E-MAIL ADDRESS	CIVILIAN OCCUPATION	
CAP GRADE	DATE JOINED CAP Month: Year:	GENDER M - F	
UNIT NAME:		CHARTER NUMBER	
SCHOLASTIC ACHIEVEMENT: <input type="checkbox"/> Post Graduate ____years <input type="checkbox"/> College ____ years <input type="checkbox"/> High School Graduate			
PREVIOUS TRAINING ACTIVITIES AND YEARS ATTENDED (courses-encampments, etc.)			
1. _____	5. _____		
2. _____	6. _____		
3. _____	7. _____		
4. _____	8. _____		
DATE AND HOW LEVEL I COMPLETED		SQUADRON DUTY ASSIGNMENT	
SENIOR PROGRAMS AWARDS: (check One)			
<input type="checkbox"/> Certificate of Proficiency Level II		<input type="checkbox"/> Grover Loening Award Level III	
<input type="checkbox"/> Paul E, Garber Award Level IV		<input type="checkbox"/> Gil Robb Wilson Award Level V	
DESIRED ACTIVITY (check only one box per application)			
<u>ENCAMPMENTS</u>	<u>FLIGHT CAMPS</u>	<u>TRAINING</u>	<u>OTHER</u>
<input type="checkbox"/> Summer	<input type="checkbox"/> Power	<input type="checkbox"/> WTC	<input type="checkbox"/> SLS
<input type="checkbox"/> Winter	<input type="checkbox"/> Glider	<input type="checkbox"/> ESTA	<input type="checkbox"/> CLC

<u>STAFF APPLICATIONS (only)</u>			
Desired Position	1. _____	2. _____	3. _____

SENIOR ACTIVITY APPLICATION

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol, Washington Wing activities, and I hereby volunteer entirely upon my own initiative, risk and responsibility for an assignment to participate in this activity at the first available opportunity and with full knowledge that such activity may include:

1. Traveling in US Military, Civil Air Patrol, commercial, or private owned vehicle from regular place of the activity, travel incident to the activity, and subsequent return to place of the activity.
2. Participation in aeronautical activities as a passenger or a student trainee in US Military, Civil Air Patrol, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.

In consideration of the permission extended to me by the Civil Air Patrol /United States of America through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators, release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol /United States of America, its agents or employees during said activity or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE

Refund Policy

1. All applications for any activity must be complete and be accompanied by full payment or the application will not be processed.
2. All out-of-state seniors must send only a cashier's check or money order. No Personal checks.
3. Refund Policy: All requests for refunds must be in writing and postmarked by the dates shown below.
 - a. Cancellations 14 or more days before the scheduled activity will receive a 90% refund.
 - b. Cancellations 5 – 13 days before the scheduled activity will receive a 50% refund.
 - c. Cancellation 4 days or less before the scheduled activity will receive 0% refund.

(INITIAL HERE)

I have read & understand the refund policy.

PRINT APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

UNIT COMMANDER ACTION Recommend:

☐

Approved

☐

Disapproved

PRINT COMMANDER'S NAME

COMMANDER'S SIGNATURE

DATE

(REQUIRED FOR MEMBERS FROM OTHER THAN WA WING)

WING COMMANDER ACTION Recommend:

☐

Approved

☐

Disapproved

PRINT COMMANDER'S NAME

COMMANDER'S SIGNATURE

DATE